

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of \_\_\_\_\_  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144  
 County Registrar No. 403  
 Local Registrar No. \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Salvador Oropesa { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 11-6-28  
 Month Day Year

8. FATHER Full name José Oropesa 14. MOTHER Full maiden name José Gregorio

9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Ariz. If non-resident, give place and state. Ariz.

10. Color or race Mex. 11. Age at last birthday 30 (Years) 16. Color or race Mex. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Mexico 18. Birthplace (city or place) Mexico  
 (State or country) (State or country)

13. Occupation Nature of Industry Miner 19. Occupation Nature of Industry H.W.

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 59 m. on the date above stated  
 (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature C. J. Perkins (Physician or midwife).  
 Address Miami

Given name added from a supplemental report \_\_\_\_\_ Filed Dec 30, 1928 Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

261-1106-166

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.